AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

1 1 IXC MCLEC [1 IIXC 1 DIRECT TO THE PROPERTY OF THE

جسري ايرين	TYPE:	[]IXC	M CLEC	[]ILEC	[] Wireless	229031	
	<u> </u>	CERTIFICAT	TED COMPANY	INFORMATION			
200	omtechall	LC_		_			
Comp	any Name			203.	-679-70	200	
SCIN Dba/fi	O I A CE			Telephone	#		
Doarn	le barnes	Par	K S.			•	
				495			
18	ng Address	a C		110	100 -69 1714/4		
City, S	State, Zip Code			· •	swo osa	Si	
Busin	ess Location				OF ALL	OE SI	
City.	State, Zip Code			County	MALLE TO SERVICE		
		REGISTI	RED AGENT IN	IFORMATION .	The second second		
Danie	stered Agent:						
Regis	stered Agent:		1 6	4	10124 10	72	
Mailir	ng Address: <u>A OFF</u>	ice Pa	ski Co	047-0	017 <u>C 19</u>		
City,	State, Zip Code:	<u>or Umc</u>	<u>, 50</u>	2922 2007	<u> </u>		
	Pursuant to the Commission	on's rules and re	egulations, print	or type company c	contact for the follo	owing areas:	
	_						
A.	General Manager (Include a	Li	than about 1				
	203-679-400	1203.6	19 7387 IN	E-mail Address	contech	191.0011	
	Telephone Number	Facsiting		E-IIIali Audiess	•		
B.	Customer Relations /Comp	Jainte Ranrosent	ative (Include addr	ess if different than al	bove.)		
	303 474 733	1303.6	7178ET-PM	n sonows	VIC COU	160091.COM	
	Telephone Number	Facsimil	e Number	E-mail Address	3		
C1.	Laura Ma	4001a	<u> </u>	Complaints (Incli	ude address if differen	nt than above.)	
	Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) 203-679-7357 1303-679-73574 matching Completed (COM)						
	Telephone Number	Facsimi	e Number	E-mail Address	S		
C2.	847-312						
	Customer Contact (Toll Fr		CAKI				
D.	Engineering Operations (Include address if	different than above	2.)			
	203679.723	12000	-6141	<u> 1301 — </u>			
	Telephone Number	Facsimile	Number	E-mail Addres		antechalica	
E.	Test and Repair (Include	no 65	than above.)	DIOCE	71) (C) (L	<u> </u>	
	lest and Repair (include a constant)						
	Telephone Number		e Number	E-mail Addres	SS	Page 1 of 2	

Michael B Regulatory Officer (Include a	ddress if different than above	E-mail Address ion to assist in proper routing of correspond i) / M Dradte contects E-mail Address	
Regulatory Officer (Include a Relephone Number Dual Party Mailings (Name)	company contact information of the company contact	ion to assist in proper routing of correspond	
Regulatory Officer (Include a ROB 679 7000 Telephone Number Dual Party Mailings (Name)	nddress if different than above	i) Imbrast@comtecha	
Regulatory Officer (Include a ROS 679 7000) Telephone Number Dual Party Mailings (Name)	iddress if different than above 1 ನಂತ 674 738 7	1mbrast@comtecha	1.com
Regulatory Officer (Include a Regulatory Officer (Include a Regulatory Telephone Number Regulatory Mailings (Name)	iddress if different than above 1 ನಂತ 674 738 7	1mbrast@comtecha	1.com
Telephone Number Dual Party Mailings (Name)	12036747387 Facsimile Number	1mbradt@comtecha E-mail Address	1.COM)
Telephone Number Dual Party Mailings (Name)	Facsimile Number	E-mail Address	
Mailing Address			
Tolophono Number	/ Facsimile Number	/E-mail Address	
Telephone Number	racsimile number	E-mail Address	
Interim LEC Fund Mailings (N	ame)		
Mailing Address			
	/ Facsimile Number	/ E-mail Address	
Telephone Number		E-Mail Address	
michael Bra			
Universal Service Fund Mailing	js (Name)		
Mailing Address			
Ividiling Address	1	Pequiatory @ com	techal.c
Telephone Number	Facsimile Number	E-mail Address	
Gross Receipts Mailings (Nan	ne)		
Mailing Address			
	1	1	
Telephone Number	Facsimile Number	E-mail Address	
Lifeline Meilinge (Nome)			
Lifeline Mailings (Name)			
Mailing Address			
	1	<u> </u>	
Telephone Number	Facsimile Number	E-mail Address	
	,	Madu	
Michael Dr	78p.		
Michael Dr This form was completed by (pri	nt name)	Signature	
	nt name)	Signature 3-30-11	
This form was completed by (pri	nt name)	Signature 3-30-1	
This form was completed by (pri			
This form was completed by (pri	ГО:	Date Office of Regulatory Staff	
This form was completed by (pri	TO: mission of SC	Date	